The most frequent exercise stress test endpoints were Angina, Chest Pain, Dyspnea, Arrhythmia, and Sepsis. In total, 993 patients were included in the controlled studies (two-thirds were cancer patients). Fatigue, nausea, vomiting, or chest pain was reported in 4% of patients. In the clinical studies for broad imaging, broad pain was reported in 17% of patients. In the controlled studies, 19% of these patients reported pain that was not associated with broad biological processes.

The following adverse reactions have been reported in clinical trials and postmarketing experience. In general, these reactions have been consistent with those observed in studies of Technetium Tc 99m sestamibi. The reactions have been frequently reported (at least 1/10 but less than 1/100 patients). Adverse events of special interest are listed below.

10 OVERDOSAGE
There are no known contraindications of overdosing with Technetium Tc 99m Sestamibi are not known.

11 DESCRIPTION

11.1 Physical Characteristics

Sestamibi in plasma. The myocardial biological half-life is approximately 3 hours, and for the liver is approximately 8% of the injected dose remains in circulation. There is also a significant fraction of the dose that is metabolized and eliminated in the urine. After a normal exercise stress test, the imaging time reflecting the best compromise between heart count rate and minimization of exercise. Manganese uptake which is coronary flow dependent is seen in viable myocardial tissue in a manner analogous to that of Sestamibi. The complex which has been found to accumulate in viable myocardial tissue and uptake which is coronary flow dependent is seen in viable myocardial tissue in a manner analogous to that of Sestamibi.

The most frequent exercise stress test endpoints were Angina, Chest Pain, Dyspnea, Arrhythmia, and Sepsis. In total, 993 patients were included in the controlled studies (two-thirds were cancer patients). Fatigue, nausea, vomiting, or chest pain was reported in 4% of patients. In the clinical studies for broad imaging, broad pain was reported in 17% of patients. In the controlled studies, 19% of these patients reported pain that was not associated with broad biological processes.

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10 OVERDOSAGE

There are no known contraindications of overdosing with Technetium Tc 99m Sestamibi are not known.

11 DESCRIPTION

11.1 Physical Characteristics

Sestamibi in plasma. The myocardial biological half-life is approximately 3 hours, and for the liver is approximately 8% of the injected dose remains in circulation. There is also a significant fraction of the dose that is metabolized and eliminated in the urine. After a normal exercise stress test, the imaging time reflecting the best compromise between heart count rate and minimization of exercise. Manganese uptake which is coronary flow dependent is seen in viable myocardial tissue in a manner analogous to that of Sestamibi. The complex which has been found to accumulate in viable myocardial tissue and uptake which is coronary flow dependent is seen in viable myocardial tissue in a manner analogous to that of Sestamibi.

The most frequent exercise stress test endpoints were Angina, Chest Pain, Dyspnea, Arrhythmia, and Sepsis. In total, 993 patients were included in the controlled studies (two-thirds were cancer patients). Fatigue, nausea, vomiting, or chest pain was reported in 4% of patients. In the clinical studies for broad imaging, broad pain was reported in 17% of patients. In the controlled studies, 19% of these patients reported pain that was not associated with broad biological processes.

The following adverse reactions have been reported in clinical trials and postmarketing experience. In general, these reactions have been consistent with those observed in studies of Technetium Tc 99m sestamibi. The reactions have been frequently reported (at least 1/10 but less than 1/100 patients). Adverse events of special interest are listed below.

10 OVERDOSAGE

There are no known contraindications of overdosing with Technetium Tc 99m Sestamibi are not known.

11 DESCRIPTION

11.1 Physical Characteristics

Sestamibi in plasma. The myocardial biological half-life is approximately 3 hours, and for the liver is approximately 8% of the injected dose remains in circulation. There is also a significant fraction of the dose that is metabolized and eliminated in the urine. After a normal exercise stress test, the imaging time reflecting the best compromise between heart count rate and minimization of exercise. Manganese uptake which is coronary flow dependent is seen in viable myocardial tissue in a manner analogous to that of Sestamibi. The complex which has been found to accumulate in viable myocardial tissue and uptake which is coronary flow dependent is seen in viable myocardial tissue in a manner analogous to that of Sestamibi.

The most frequent exercise stress test endpoints were Angina, Chest Pain, Dyspnea, Arrhythmia, and Sepsis. In total, 993 patients were included in the controlled studies (two-thirds were cancer patients). Fatigue, nausea, vomiting, or chest pain was reported in 4% of patients. In the clinical studies for broad imaging, broad pain was reported in 17% of patients. In the controlled studies, 19% of these patients reported pain that was not associated with broad biological processes.

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10 OVERDOSAGE

There are no known contraindications of overdosing with Technetium Tc 99m Sestamibi are not known.

11 DESCRIPTION

11.1 Physical Characteristics

Sestamibi in plasma. The myocardial biological half-life is approximately 3 hours, and for the liver is approximately 8% of the injected dose remains in circulation. There is also a significant fraction of the dose that is metabolized and eliminated in the urine. After a normal exercise stress test, the imaging time reflecting the best compromise between heart count rate and minimization of exercise. Manganese uptake which is coronary flow dependent is seen in viable myocardial tissue in a manner analogous to that of Sestamibi. The complex which has been found to accumulate in viable myocardial tissue and uptake which is coronary flow dependent is seen in viable myocardial tissue in a manner analogous to that of Sestamibi.

The most frequent exercise stress test endpoints were Angina, Chest Pain, Dyspnea, Arrhythmia, and Sepsis. In total, 993 patients were included in the controlled studies (two-thirds were cancer patients). Fatigue, nausea, vomiting, or chest pain was reported in 4% of patients. In the clinical studies for broad imaging, broad pain was reported in 17% of patients. In the controlled studies, 19% of these patients reported pain that was not associated with broad biological processes.

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10 OVERDOSAGE

There are no known contraindications of overdosing with Technetium Tc 99m Sestamibi are not known.

11 DESCRIPTION

11.1 Physical Characteristics

Sestamibi in plasma. The myocardial biological half-life is approximately 3 hours, and for the liver is approximately 8% of the injected dose remains in circulation. There is also a significant fraction of the dose that is metabolized and eliminated in the urine. After a normal exercise stress test, the imaging time reflecting the best compromise between heart count rate and minimization of exercise. Manganese uptake which is coronary flow dependent is seen in viable myocardial tissue in a manner analogous to that of Sestamibi. The complex which has been found to accumulate in viable myocardial tissue and uptake which is coronary flow dependent is seen in viable myocardial tissue in a manner analogous to that of Sestamibi.

The most frequent exercise stress test endpoints were Angina, Chest Pain, Dyspnea, Arrhythmia, and Sepsis. In total, 993 patients were included in the controlled studies (two-thirds were cancer patients). Fatigue, nausea, vomiting, or chest pain was reported in 4% of patients. In the clinical studies for broad imaging, broad pain was reported in 17% of patients. In the controlled studies, 19% of these patients reported pain that was not associated with broad biological processes.

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10 OVERDOSAGE

There are no known contraindications of overdosing with Technetium Tc 99m Sestamibi are not known.

11 DESCRIPTION

11.1 Physical Characteristics

Sestamibi in plasma. The myocardial biological half-life is approximately 3 hours, and for the liver is approximately 8% of the injected dose remains in circulation. There is also a significant fraction of the dose that is metabolized and eliminated in the urine. After a normal exercise stress test, the imaging time reflecting the best compromise between heart count rate and minimization of exercise. Manganese uptake which is coronary flow dependent is seen in viable myocardial tissue in a manner analogous to that of Sestamibi. The complex which has been found to accumulate in viable myocardial tissue and uptake which is coronary flow dependent is seen in viable myocardial tissue in a manner analogous to that of Sestamibi.

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